



Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234  
 Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: [charities@secstate.wa.gov](mailto:charities@secstate.wa.gov)

**APPLICATION TO REGISTER AS A CHARITABLE ORGANIZATION****FEE: \$20**

PURSUANT TO RCW 19.09 AND WAC 434-120

Please complete entire application or write "n/a" if not applicable. Incomplete applications will not be accepted.  
 All documents must be typewritten or printed legibly in ink.

**SECTION 1 - ORGANIZATION INFORMATION**

Check One: ☐ Initial Registration ☐ Update - Registration Number: \_\_\_\_\_

Organization's Full Legal Name:

Telephone: (     )

Mailing Address:

City, State, ZIP:

Street Address (if different than mailing):

City, State, ZIP:

Fax: (     )

County (WA State only):

Email:

Internet (www):

Attach a list of all mailing, street, electronic, or Internet addresses (excluding those provided above) used to conduct solicitations on behalf of the organization. Include addresses used by the organization's Commercial Fundraisers or Commercial Coventurers, if any.

Type of organization (check one):

☐ Association☐ Partnership☐ WA State Corporation☐ Foreign Corporation, State of Incorporation: \_\_\_\_\_☐ Sole Proprietorship☐ Limited Liability Company

Date Incorporated/Established:

Corporation Number (if known):

UBI Number (Unified Business Identifier):

FEIN Number (Federal Employer Identification Number):

Has the organization applied for Federal tax-exempt status? (check one) ☐ Yes ☐ No

Has the organization been granted IRS Federal tax-exempt status?

☐ Yes, exemption granted under 501(c) (\_\_\_\_); A copy of the organization's IRS Determination Letter is enclosed (REQUIRED).

☐ No

Has the organization registered to solicit contributions in any other states in the past 3 years?

☐ Yes - Please attach a listing of states wherein organization is currently registered, including other names utilized by organization, if any.

☐ No

**SECTION 2 - "ALSO KNOWN AS" NAMES**

List all names (excluding the organization's full legal name provided above) under which contributions will be solicited. Include acronyms, abbreviations, shortened names, DBAs, program names, and chapters/subsidiaries/affiliates on whose behalf the organization submits a consolidated registration (Attach an additional sheet if needed):

## SECTION 3 - PURPOSE

**Purpose Codes:** Check (✓) up to three of the following purpose codes for your organization.

*Note: Purpose codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> A Arts, culture, humanities<br><br><input type="checkbox"/> B Educational institutions & related activities<br><br><input type="checkbox"/> C Environmental quality, protection<br><br><input type="checkbox"/> D Animal-related activities<br><br><input type="checkbox"/> E Health—general & rehabilitative<br><br><input type="checkbox"/> F Mental health, crisis intervention<br><br><input type="checkbox"/> G Disease/disorder/medical disciplines (multipurpose)<br><br><input type="checkbox"/> H Medical research | <input type="checkbox"/> I Public Protection: crime/courts/legal services<br><br><input type="checkbox"/> J Employment/jobs<br><br><input type="checkbox"/> K Food, nutrition, agriculture<br><br><input type="checkbox"/> L Housing/shelter<br><br><input type="checkbox"/> M Public safety/disaster preparedness & relief<br><br><input type="checkbox"/> N Recreation, leisure, sports, athletics<br><br><input type="checkbox"/> O Youth development<br><br><input type="checkbox"/> P Human service—other multipurpose<br><br><input type="checkbox"/> Q International | <input type="checkbox"/> R Civil rights/civil liberties<br><br><input type="checkbox"/> S Community improvement/development<br><br><input type="checkbox"/> T Philanthropy & volunteerism<br><br><input type="checkbox"/> U Science<br><br><input type="checkbox"/> V Social sciences<br><br><input type="checkbox"/> W Public affairs/society benefit<br><br><input type="checkbox"/> X Religion/spiritual development<br><br><input type="checkbox"/> Y Mutual membership benefit organizations<br><br><input type="checkbox"/> Z Unknown, unclassifiable |
|--|---|---|

Summarize the organization's programs and activities which support the stated purposes (*Attach an additional sheet if needed*):

Attach a listing of specific beneficiaries, if any, which the organization supports and to whom assets would be distributed to in the event of dissolution.

## SECTION 4 – FINANCIAL INFORMATION

Has the organization conducted solicitations in Washington State during the previous fiscal/accounting year? (check one)

- ☐ Yes - Please proceed to the next question.  
☐ No - Please provide your projected fiscal/accounting year end (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ and proceed to Section 5.

Did the organization submit a Federal tax return to the Internal Revenue Service for its previous fiscal/accounting year?

- ☐ Yes - Please check type of tax return filed: ☐ IRS Form 990 ☐ IRS Form 990EZ ☐ IRS Form 990 PF  
☐ No - Please proceed to Solicitation Report, supply fiscal/accounting beginning/ending dates, and complete lines 1-8.

**If you filed an IRS Form 990 or 990PF...** You MUST attach a complete copy of the organization's tax return, including Schedule A and all attachments except contributor lists/Schedule B. Do not attach your financial statement, audit, bank statement, or annual report. Do NOT complete line items 1 - 8 of the Solicitation Report below. If your organization has not completed line item 13 on the attached IRS Form 990, supply a Program Services total on line item 4 below.

**If you filed an IRS Form 990EZ...** You MUST complete line items 1 - 8 of the Solicitation Report below. Please refer to the attached Solicitation Report Instructions for IRS Form 990EZ. Do not attach a copy of your 990EZ.

NOTE: If your tax return has not yet been completed, please contact our office for instructions on obtaining an extension.

## SOLICITATION REPORT

Is this registration submitted on behalf of any other charitable organization(s), including but not limited to subsidiaries, chapters, affiliates or programs? (check one)

- ☐ Yes - You must complete line items 1 - 8 of the Solicitation Report below using CONSOLIDATED totals reflecting the financial activities of ALL organizations on whose behalf the registration is submitted. Attach the names and IRS Form 990s, if any, for all organizations on whose behalf the registration is submitted (e.g. individual and group returns).  
☐ No

**Fiscal/accounting year beginning:**  
(Mo/Day/Year)

**Fiscal/accounting year ending:**  
(Mo/Day/Year)

1. Total dollar value of all support received from solicitations, special events, and sale of inventory:

\$

2. Total dollar value of revenue from all other sources:

+ \$

**3. Gross receipts (add lines 1 and 2):**

= \$

4. Amount of expenditures devoted directly to charitable program services:	\$
5. Total dollar value of administrative (management and general) expenses and fundraising costs, including amounts paid to/retained by Commercial Fundraisers, Commercial Coventurers, and fundraising counsel:	+ \$
<b>6. Total expenditures (add lines 4 and 5):</b>	= \$
7. Beginning assets:	\$
8. Ending assets:	\$

Attach information or provide an explanation, if any, which the organization believes would be of assistance in understanding the financial information provided in Solicitation Report or IRS tax return.

## SECTION 5 - ADMINISTRATIVE INFORMATION

**The individual with expenditure authority who can respond to questions regarding the organization's expenditure of funds is:**

Name:	Telephone: (     )
Email :	Fax: (     )
Address:	City, State, ZIP:

Attach a complete listing of the names and addresses of any Commercial Fundraisers or Commercial Coventurers with authority to expend funds and/or incur obligations on behalf of the charitable organization.

**The person or entity who prepares, reviews or audits the financial information submitted in Section 4 of this application is:**

Name:	Telephone: (     )
E-mail:	Fax: (     )
Address:	City, State, ZIP:

Is the person or entity indicated above employed by someone other than the organization?    Yes ☐    No ☐

**Name the three officers or employees of the organization currently receiving the greatest compensation (highest paid):**

Name	Title
1.	
2.	
3.	

**Name the officers or persons accepting responsibility for the organization (Attach an additional sheet if needed):**

Name:	DOB:	Telephone: (     )
E-mail:	Fax: (     )	
Address:	City, State, ZIP:	
Name:	DOB:	Telephone: (     )
E-mail:	Fax: (     )	
Address:	City, State, ZIP:	
Name:	DOB:	Telephone: (     )

E-mail:	Fax: (      )		
Address:	City, State, ZIP:		
Attach written authorization, signed by two officials from a bona fide police, sheriff, or fire fighter department, if your organization uses "police," "sheriff," "fire fighter," "firemen" or a similar name during the conduct of solicitations.			
Attach written authorization, signed by the highest ranking official in WA State of a Federally chartered or nationally recognized military veterans' service organization (as determined by the United States Veterans' Administration), if your organization uses the name of said military veterans' service organization during the conduct of solicitations.			
<b>SECTION 6 - FUND-RAISING INFORMATION</b>			
Types of solicitation campaigns to be/that have been conducted (check all that apply):			
<input type="checkbox"/> Entertainment/Special Event	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Product Sale	
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Vehicle/Boat Donations	<input type="checkbox"/> Advertisements/Coupon Books	
<input type="checkbox"/> Internet Solicitations	<input type="checkbox"/> Resale Of Donated Goods	<input type="checkbox"/> Newspaper/Magazine	
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Door to Door	<input type="checkbox"/> Other _____ (describe)	
<b>List all Commercial Fundraisers or Commercial Coventurers soliciting/receiving contributions on behalf of the organization. Include organizations you have retained directly as well as sub-contractors, if any (Attach an additional sheet if needed):</b>			
Name of Company:		Contact Person:	
Telephone: (      )	Fax: (      )	Email:	
Address:		City, State, ZIP:	
Name of Company:		Contact Person:	
Telephone: (      )	Fax: (      )	Email:	
Address:		City, State, ZIP:	
<b>Provide a list of legal actions, if any, in which a judgment of final order was entered, or action is currently pending, against any organization or individual required to be identified in the registration. "Actions" include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, chapter 19.09 RCW, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or entity (Attach an additional sheet if needed):</b>			
Court or Other Forum:		Case Number:	
Title of Legal Action:		Date:	
<b>SECTION 7 - SIGNATURE (Required)</b>			
<p><i>By signing this application for registration, the applicant: ( a ) certifies that the information contained in the application and in the attachments are accurate and true to the best of the applicant's knowledge; ( b ) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and ( c ) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.</i></p>			
_____ Signature of applicant	_____ Printed name	_____ Title	_____ Date

**NOTE:** Expedited Mail Service is available for registration documents requiring 24-hour turnaround. To utilize Expedited Mail Service, please enclose **\$20** per registration document (in addition to regular fees) and write the word "**EXPEDITE**" in bold letters on the outside of the envelope and on the document. Your request will be processed and mailed within **ONE** business day of receipt by the Charities Program.



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## SOLICITATION REPORT INSTRUCTIONS FOR IRS FORMS 990 & 990EZ

The table below has been provided to assist organizations that file a Form 990 or 990EZ with the IRS in completing the Solicitation Report in Section 2 of the attached Charitable Solicitations Renewal Form.

### IRS FORM 990

SOLICITATION REPORT LINE ITEM (State)	IRS FORM 990 LINE ITEM (Federal)
1. Total dollar value of all support received from solicitations, special events, and sale of inventory:	\$ Enter the sum of 990 line items 1d, 9a, and 10a
2. Total dollar value of revenue from all other sources:	+ \$ Enter the sum of 990 line items 2, 3, 4, 5, 6a, 7, 8a and 11
<b>3. Gross receipts (add lines 1 and 2):</b>	= \$ Enter the sum of 990 line items 1d, 2, 3, 4, 5, 6a, 7, 8a, 9a, 10a, and 11
4. Amount of expenditures devoted directly to charitable program services:	\$ Enter the sum of 990 line items 13 and 16
5. Total dollar value of administrative (management and general) expenses and fundraising costs, including amounts paid to or retained by Commercial Fundraisers, Commercial Coventurers, and fundraising counsel:	+ \$ Enter the sum of 990 line items 6b, 8b, 9b, 10b, 14, 15
<b>6. Total expenditures (add lines 4 and 5):</b>	= \$ Enter the sum of 990 line items 6b, 8b, 9b, 10b, and 17
7. Beginning assets:	\$ Enter line 59, column A
8. Ending assets:	\$ Enter line item 59, column B

### IRS FORM 990EZ

SOLICITATION REPORT LINE ITEM (State)	IRS FORM 990EZ LINE ITEM (Federal)
1. Total dollar value of all support received from solicitations, special events, and sale of inventory:	\$ Enter the sum of line items 1, 6a, and 7a
2. Total dollar value of revenue from all other sources:	+ \$ Enter the sum of line items 2, 3, 4, 5a, and 8
<b>3. Gross receipts (add lines 1 and 2):</b>	= \$ Enter the sum of line items 1, 2, 3, 4, 5a, 6a, 7a, and 8
4. Amount of expenditures devoted directly to charitable program services:	\$ Enter line item 32
5. Total dollar value of administrative (management and general) expenses and fundraising costs, including amounts paid to or retained by Commercial Fundraisers, Commercial Coventurers, and fundraising counsel:	+ \$ Enter the sum of line items 5b, 6b, 7b and 17, minus the amount reported on line 32
<b>6. Total expenditures (add lines 4 and 5):</b>	= \$ Enter the sum of line items 5b, 6b, 7b, and 17
7. Beginning assets:	\$ Enter line item 25, column A
8. Ending assets:	\$ Enter line item 25, column B

Please retain these instructions for your records.